FCC Form 470

Form 470 Application Number: 695880001213885

Approval by OMB 3060-0806

Schools and Libraries Universal Service

Applicant's Form Identifier: SECCAGUAS

Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form.

Block 1: Applicant Address and Information	Application Status: CERTIFIED Posting Date: 02/04/2014				
1 Name of Applicant: CONSORTIUM ESCUELAS CATOLICAS 2 Funding Year: 2014 (Funding years run from July 1 through the following Juno 30) 3 Ently Number: 231936 4 Steele Address: ADdos: or floute Number: MINNS RIVERA #88 CRY: CAGINAS State: PR Zip Code: 00726-0899 4 Telephone Number: (787) 743-1171 4 Feliphone Number: (187) 743-1171 5 Feliphone Number: (187) 743-1171 6 Feliphone Number: (187) 743-1171 6 Feliphone Number: (187) 743-1171 6 Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries) C States desploation for (ferice 2-letter state code) representing (check all that apply)	Allowable Contract Date: 03/04/2014	Certification Received Date: 02/12/2014			
2 Funding Year: 2014 (Funding years run from July 1 through the following June 30) 3 Face Address: PO Box, or Route Number: MUNOS RIVERA #85 City: CAGUAS State PR 2p Code: 00726-0899 45 Telepfore Number: (787) 743-1171 56 Eligible Entities That Villi Receives Services: Check the ONL Inchice in Sa that bed escribes the eligible entitles that will receive the services described in this form. You will then list in filem 15 the entity/entities that will provide the services described in this form. You will then list in filem 15 the entity/entities that will pay the bills for these services. Check the ONL Inchice in Sa that bed escribes the eligible entities that will apply the bills for these services. Check the ONL Inchice in Sa that bed escribed by the eligible entities that will provide the services described in this form. You will then list in filem 15 the entity/entities that will pay the bills for these services. Check the ONL Inchice in Sa that bed escribed by the eligible entities that will provide the services application for (enter 2-bette state code) Chick the Capital of Services excluse application for (enter 2-bette state code) Chick 12 Applicant Address and Information (continued) 5 Namber of eligible entities for which services are sought: 14 Block 1: Applicant Address and Information (continued) 6 Consetted Person's Name: Glibotho Peroz: Hith Contact Person's Street Address is the same as Item 4a above, check here. If frot, complete Item 6b. 6 Street Address. P.O.Box, or Route Number: NOTE USAC will use this address to mail correspondence HCOR Business' Steet Address is the same as Item 4a above, check here. If frot, complete Item 7 below: 7 Consultant's Steet Address: acciliance capuas org Re-enter E-mail Address acciliance capuas org Re-enter E-mail Address acciliance capuas org Re-enter E-mail Address. Consultant's E-mail Address.	Block 1: Applicant Address and Information				
3 Etilly Number: 231855 4a Steef Address P. O. Box, O. Roule Number: MUNOS RIVERA #85 City, CAG(BA) State: PR Zip Code: 00728-0899 4b Telephone Number: (787) 73-1-171 4c Fax Number: (787) 73-1-171 4c Fax Number: (787) 73-1-171 4c Fax Number: (787) 73-1-171 4d Fax Number: (787) 74-1-171 4d Fax Number: (787	1 Name of Applicant:				
MUNOS RIVERA #85 City; CAGUAS State: PR Zip Code: 00726-0899 4 b Teephone Number: (787) 743-1171 5 a Eligible Entities That Will Receive Services: Check the Oth Choice in \$8 has the bet discipline entities that Will receive the services described in this form. You will then list in Item 15 the entity/entities that Will ray the bills for these services. C Individual School (individual public or non-public school) C School District (LEA; public or non-public leg., diocesan) local district representing multiple schools) C Library (including library system, library outlet/branch or Ibrary consortium as definedunder LSTA) C Consortium (intermediate service agenices, states, states networks, consortia of schools and/or libraries) C Statewide application for (enter 2-letter state code) representing (neck all that apply) All Ibraries in the state All non-public schools in the state All con-public schools in the state All Ibraries in the state She Recipient(s) of Services - Check all that apply: P Private P Public P Public C Charter Tribal Head Start State Agency 5 c Number of eligible entities for which services are sought. 14 Block 1: Applicant Address and Information (continued) 6 a Contact Person's Street Address is the same as Item 4a above, check here. If frot, complete Item 6b. 6 b Street Address, P.O.Box, or Route Number: NOTE: USAC will use this address to mail correspondence HCAG Buzon 44015 G 6 Teephone Number (787) 743-1171 G 6 Fax Number (787) 743-1171 C 6 Fax Number (787) 743-1171 C 6 Fax Number (787) 743-1171 C 7 Consultant's Telephone Number: C Consultant's Street Address: C Rys. State: Zip Code: C Consultant's Street Address: C Rys. State: Zip Code: C Consultant's Street Address: C Rys. State: Zip Code: C Consultant's Street Address: C Rys. State: Zip Code: C Consultant's Street Address: C Rys. State: Zip Code: C Consultant's Street Address: C Rys. Stat	3 Entity Number: 231955				
City CAGUAS State: PR Zip Code: 00726 -0899 40 Telephonon Number (787) 143 - 171 41 Telephonon Number (787) 143 - 171 42 Telephonon Number (787) 143 - 171 43 Elipible Entities That Will Review Services: Check the ONE choice in Sa that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that will pay the bills for these services. C individual School (individual public or non-public school) C School District (LEA: public or non-public ga, diocesari) local district representing multiple schools) C Library (including listery system), thany quidebranch or ilbrary consortium as definedunder LSTA) C Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries) C Statewide application for (enter 2-letter state code) representing (check all that apply) All public schools/districts in the state All ilbraries in the state All ilbraries in the state 5b Recipient(s) of Services - Check all that apply: Private Public C Charter Tribal Head Start State Agency 5c Number of eligible entities for which services are sought. 14 Block 1: Applicant Address and Information (continued) 6a Contact Person's Name: Giberto Perez If the Contact Person's Street Address is the same as tem 4a above, check here. If If not, complete Item 6b. 6b Street Address, P.O.Box, or Route Number: NOTE: USAC will use this address to mail correspondence HC-04 Buzon 44015 C 6c; Caguas State: P. Zip Code: 00227 Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided. 6 State Address: Sec@ise-caguas.org Re-enter E-mail Address: Sec@ise-caguas.org Re-enter E-mail Address: Sec@ise-caguas.org Re-enter E-mail Address: Community our application process, please complete Item 7 below: Consultant's Telephone Number: Road Address: Consultant's Telephone Number: Road Address: Consultant's Family Address: Sec@ise-caguas.org Re-enter E-mail Address: Sec@i					
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C Library (including library system, library outlet/branch or library consortium as definedunder LSTA) C Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries) Statewide application for (enter 2-letter state code) representing (check all that apply) All public schools in the state All inbraries in the state All libraries in the state All libraries in the state Sb Recipient(s) of Services - Check all that apply: ▼ Private ↑ Tribal Block 1: Applicant Address and Information (continued) 6a Contact Person's Name: Gilberto Perez If the Contact Person's Street Address is the same as Item 4a above, check here. ↑ If not, complete Item 6b. 6b Street Address, P.O.Box, or Route Number: NOTE: USAC will use this address to mail correspondence HC-04 Buzon 44015 City: Caguas State: PR Zip Code: 00727 Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided. ↑ 6a Fax Number: (787) 743 - 1171 ↑ 6a Fax Number: (787) 743 - 1171 ↑ 6a Fax Number: (787) 743 - 1171 ↑ Consultant is assisting you with your application process, please complete Item 7 below: 7 Consultant Semployer: Consultant's Employer: Consultant's Employer: Consultant's Fax Number: Re-enter E-mail Address: exciges-caguas.org Re-enter E-mail Address: Recipience Number: Ext. Consultant's E-mail Address: Re-enter E-mail Address: Re-enter E-mail Address: Re-enter E-mail Address:	C Individual School (individual public or non-public school)				
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Statewide application for (enter 2-letter state code) representing (check all that apply) All public schools in the state All inon-public schools in the state State Recipient(s) of Services - Check all that apply: Private Public Charter Tribal Head Start State Agency State Adency State Agency State Agency State Agency State Agency	C Library (including library system, library outlet/branch or library consortium as defin	edunder LSTA)			
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5b Reciplent(s) of Services - Check all that apply:					
Public	All libraries in the state				
Tribal	5b Recipient(s) of Services - Check all that apply:				
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Consultant's Street Address: City: State: Zip Code: Consultant's Telephone Number: Ext. Consultant's Fax Number: Consultant's Fax Number: Consultant's E-mail Address: Re-enter E-mail Address:	7 Consultant Name:				
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Re-enter E-mail Address:	Consultant's Telephone Number: Ext. Consultant's Fax Number:				

Entity Number: 231955		Applicant's Form Identifier: SECCAGUAS			
Contact Person: Gilberto Perez		Phone Number: (787) 743-1171			
Block 2: Summary Descrip	Block 2: Summary Description of Needs or Services Requested				
8 Priority One Services (Telecommun	ications and/or Internet Acce	ess)			
		(RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.			
a TYES, I have released or intend	to release an RFP for one of	or more of these services. It is available or will become available on the Internet at:			
or via (check one)	the contact person in Item 6	or the contact person listed in Item 12			
Your RFP Indentifier:					
b NO, I have not released and do	not intend to release an RF	P for any of these services.			
Whether you check YES or NO, you i	must list below the Priority O	ne Services you seek. Specify each service or function (e.g., voice service, monthly Internet access service,			
		ng lines plus 10 new ones, or for monthly Internet access service, for 500 users).			
-	15	1			
Service	Quantity and/or Capacity				
Distance Learning Circuits	All entities				
Long Distance Telephone Service	All entities				
Local Measured Telephone Service	All entities				
Cellular Service	All entities				
Conferencing Services	All entities				
Maintenance Services	All entities				
Fax Machine Line	All entities				
Interactive TV	All entities				
Distance Learning Service	All entities				
Frame Relay Service	All entities				
Wireless WAN	All entities				
Installation Services	All entities				
T1 or Fractional T1 Lines	All entities				
Basic Telephone Services	All entities				
Metropolitan Area Network	All entities				
Bundled Access	All entities				
Broadband Internet Access	All entities				
WAN Service	All entities				
Internet Installation and Setup	All entities				
E-mail Service	All entities				
Wireless WAN	All entities				
Web Hosting	All entities				
Firewall Service	All entities				
Basic Installation Instruction Training	All entities				
Fiber/Dark Fiber	All entities				
Mobile hotspot service	All entities				
Wireless Internet access service	All entities				
Digital Subscriber line (DSL)	All entities				
Paging	All entities				
9 [Reserved]					

Entity Number: 231955			Applicant's Form Identifier: SECCAGUAS
Contact Person: Gilberto Perez			Phone Number: (787) 743-1171
10 Internal Connections Other Than Ba			
			services you are seeking, your RFP must be available to all interested bidders for at least
			u have or intend to have an RFP, you risk denial of your funding requests. It is available or will become available on the Internet at:
	the contact person in Ite		contact person listed in Item 12
	are contact percon in ite	in o oi	ontact person listed in item 12
Your RFP Indentifier:			
b NO, I have not released and do	not intend to release an	RFP for any of these service	es.
Whether you check YES or NO, you m	nust list below the Intern	al Connections services vou	u seek. Specify each service (e.g., a router,hub and cabling) and quantity and/or
capacity (e.g., connecting 1 classroom		, , , , , , , , , , , , , , , , , , , ,	3, ,
[Samiles	Quantity and/or Capa	14	
Service Servers	All Entities	ity	
Routers	All Entities	=	
Switches	All Entities	\dashv	
UPS	All Entities	=	
Internal Wiring	All Entities	=	
Client Access Licenses	All Entities	=	
LAN	All Entities	╡	
Wireless LAN	All Entities	╡	
System Upgrades	All Entities		
Switchboards	All Entities		
Network Operating Software	All Entities		
Network Interface Card	All Entities		
Design and Documentation Services	All Entities		
Drops	All Entities		
Fiber Optic	All Entities		
WAN	All Entities		
Installation Services	All Entities		
Video Conferencing	All Entities	_	
Cabling/ Connectors	All Entities	_	
Circuit Cards/ Components	All Entities	=	
Data Distribution	All Entities	_	
Data Protection Interfaces, Gateways, Antennas	All Entities All Entities	_	
Software	All Entities	=	
Storage Devices	All Entities	=	
Telephone Component	All Entities	=	
l coopiione component			
11 Basic Maintenance of Internal Conr	nections		
			services you are seeking, your RFP must be available to all interested bidders for at least
			u have or intend to have an RFP, you risk denial of your funding requests. It is available or will become available on the Internet at:
_	the contact person in Ite		contact person listed in Item 12
, , , ,	ine contact person in ite	in o oi uie o	ontact person listed in item 12
Your RFP Indentifier:			
b ▼ NO, I have not released and do not intend to release an RFP for any of these services.			
Whether you check YES or NO, you must list below the Basic Maintenance services you seek. Specify each service (e.g., basic maintenance of routers) and quantity and/or			
capacity (e.g., for 10 routers).	lust list below the basic	Maintenance services you s	seek. Opecity each service (e.g., basic maintenance of routers) and quantity alturor
-			
Service		Quantity and/or Capacity	
Maintenance and Technical Support of	of Internal Connections	All entities	
On Premise Equipment		All entities	
Server Maintenance Services		All entities	
Router Maintenance Services Switches Maintenance Services		All entities All entities	
Video Equipment Maintenance Services		All entities	
UPS Maintenance Services		All entities	
Antennas Maintenance Services		All entities	
Repair and upkeep of eligible hardware		All entities	
Wire and cable maintenance		All entities	
Basic technical support		All entities	
Configuration changes		All entities	

Applicant's Form Identifier: SECCAGUAS Entity Number: 231955 Contact Person: Gilberto Perez Phone Number: (787) 743-1171

12 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This person does not need to be the contact person(s) listed in Item 6 nor the Authorized Person who signs this form.

Telephone Number:

Fax Number:

Email Address:

Re-enter E-mail Address:

13 Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number.

Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.

If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here

Block 3:

14. [Reserved]

Entity Number: 231955 Contact Person: Gilberto Perez Applicant's Form Identifier: SECCAGUAS Contact Phone Number: (787) 743-1171

Block 4: Recipients of Service

15 Billed Entities

List the entity/entities that will be paying the bills directly to the provider for the services requested in this form. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this FCC Form 470. Attach additional pages if needed.

Entity Number	Entity Name
200051	COLEGIO CATOLICO LA MERCED
157732	ACADEMIA CRISTO DE LOS MILAGROS
159193	COLEGIO SAN FELIPE
216679	COLEGIO SAN JOSE SUPERIOR
199998	Academia San Alfonso
200008	Academia Santa Teresita
198178	COLEGIO SAGRADA FAMILIA
158943	COLEGIO SAN RAFAEL
159199	COLEGIO SAN JUAN BOSCO
199864	COLEGIO SAN JOSE ELEMENTAL
198187	COLEGIO NUESTRA SENORA DEL ROSARIO
158961	COLEGIO NUESTRA SENORA DEL CARMEN
159097	COLEGION SAN JUAN BAUTISTA
219945	SUPERINTENDENCIA ESCUELAS CATOLICAS DIOCESIS CAGUAS

Entity I	Entity Number: 231955 Applicant's Form Identifier: SECCAGUAS			
	Contact Person: Gilberto Perez Contact Phone Number: (787) 743-1171			
Block	5: C	Sertifications and Signature		
16		tify that the applicant includes: (Check one or both.)		
	a₩	do not operate as for-profit businesses, and do not have endowments exce	•	
	ь□		inistrative agency under the Library Services and Technology Act of 1996 that do not te from any schools (including, but not limited to elementary and secondary schools,	
17	굣	I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, or an SLD-certified technology plan approver, prior to the commencement of service.		
		\square Or I certify that no technology plan is required by Commission rules		
18	V	selecting a service provider. I certify that all bids submitted will be carefully offering, with price being the primary factor, and will be the most cost-effective.	• • • • • • • • • • • • • • • • • • • •	
19	굣	I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.		
20	፟	I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.500, and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. § 54.513. Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.		
21	굣	I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this		
22	굣	(ies) listed on this form, that I have examined this request, and to the best	ty(ies). I certify that I am authorized to submit this request on behalf of the eligible entity of my knowledge, information, and belief, all statements of fact contained herein are true.	
23	I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form may be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			
24	✓	I acknowledge that FCC rules provide that persons who have been convict in the schools and libraries support mechanism are subject to suspension	ed of criminal violations or held civilly liable for certain acts arising from their participation and debarment from the program.	
		er: 231955	Applicant's Form Identifier: SECCAGUAS	
Contac	t Pers	on: Gilberto Perez	Contact Phone Number: (787) 743-1171	
25	Signat	ture of authorized person:	26 Date: 02/04/2014	
27a	Print	ed name of authorized person:		
		a M. Agosto de Feliciano		
27b	Title	or position of authorized person:		
		printendent		
		Check here if the consultant in Item 7 is the Authorized Person.		
27c	Stree	et Address, P.O. Box, Route Number, City, State, Zip Code:		
	HC-0	04 Buzon 44015		
	City:	Caguas		
		e: PR Code: 00727		
27d	•	phone Number of Authorized Person:		
	(787	743-1171		
27e	Fax Number of Authorized Person:			
	(787) 258-0848		
27f	f E-mail Address of Authorized Person:			
	sec@sec-caguas.org			
		nter E-mail Address: ⊉sec-caguas.org		
27g	Nam	e of Authorized Person's Employer:		
	Supe	erintendencia de Escuelas Catolicas de Caguas		
		can taint the competitive bidding process a For more information, refer to the Schools	ration or certification of an FCC Form 470 and result in the denial of funding requests. and Libraries area of the USAC web site at ınt Service Bureau at 1-888-203-8100.	

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NOTICE: In accordance with Section 54.503 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.503 (c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.503. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

> FCC Form 470 July 2014

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